

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

THIGPEN FOR CONGRESS

ADDRESS (number and street)

PO BOX 12034

Check if different  
than previously  
reported. (ACC)

JACKSONVILLE

NC

28546

2. FEC IDENTIFICATION NUMBER ▼

C

C00541409

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chris Thigpen

Signature of Treasurer

Chris Thigpen

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 24

Write or Type Committee Name

THIGPEN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7876.44	24911.44
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	7876.44	24911.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5398.09	28888.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	5398.09	28888.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1623.34	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5600.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 24

Write or Type Committee Name

**THIGPEN FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

4725.00

15865.00

**(ii) Unitemized.....**

3151.44

4246.44

**(iii) TOTAL of contributions from individuals ▶**

7876.44

20111.44

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

4800.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

7876.44

24911.44

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

5600.00

**(b) All Other Loans.....**

0.00

1000.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

6600.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

7876.44

31511.44

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 24

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5398.09	28888.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	1000.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5398.09	29888.10

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	-855.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7876.44
25. SUBTOTAL (add Line 23 and Line 24).....	7021.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5398.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1623.34

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**THIGPEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 11 / 2013	
Mailing Address P.O. BOX 441146		<b>Transaction ID : SA11AI.4561</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Earmarked via ActBlue <b>[MEMO ITEM]</b>	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2013	
Mailing Address P.O. BOX 441146		<b>Transaction ID : SA11AI.4562</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Earmarked via ActBlue <b>[MEMO ITEM]</b>	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2013	
Mailing Address P.O. BOX 441146		<b>Transaction ID : SA11AI.4563</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Earmarked via ActBlue <b>[MEMO ITEM]</b>	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		0.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 24

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**THIGPEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2013	
Mailing Address P.O. BOX 441146		<b>Transaction ID : SA11AI.4564</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Earmarked via ActBlue <b>[MEMO ITEM]</b>	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2013	
Mailing Address P.O. BOX 441146		<b>Transaction ID : SA11AI.4565</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period 160.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Earmarked via ActBlue <b>[MEMO ITEM]</b>	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ACTBLUE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address P.O. BOX 441146		<b>Transaction ID : SA11AI.4566</b>	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b> C00401224		Earmarked via ActBlue <b>[MEMO ITEM]</b>	
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 385.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		0.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**THIGPEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Naama Baraam</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2013	
Mailing Address 5901 Bizzel Avenue		<b>Transaction ID : SA11AI.4534</b>	
City Castle Hayne	State NC	Zip Code 28429	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation Equine Trainer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 660.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Jennifer Bullard</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2013	
Mailing Address 16141 Hwy 210		<b>Transaction ID : SA11AI.4530</b>	
City Rocky Point	State NC	Zip Code 28457	Amount of Each Receipt this Period _____ 400.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation Chemist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jennifer Bullard</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 29 / 2013	
Mailing Address 16141 Hwy 210		<b>Transaction ID : SA11AI.4528</b>	
City Rocky Point	State NC	Zip Code 28457	Amount of Each Receipt this Period _____ 750.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer Self Employed	Occupation Chemist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1150.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		_____ 1650.00	
<b>TOTAL</b> This Period (last page this line number only).....		_____	

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**THIGPEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Barbara Corns</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 1431 Duncan Street			<b>Transaction ID : SA11AI.4510</b>	
City	State	Zip Code		
Key West	FL	33040		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed		Occupation Accountant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Evan Corns</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 18 / 2013	
Mailing Address 1431 Duncan Street			<b>Transaction ID : SA11AI.4508</b>	
City	State	Zip Code		
Key West	FL	33040		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed		Occupation Accountant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jason Gruner</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address 5802 Ocean Drive			<b>Transaction ID : SA11AI.4505</b>	
City	State	Zip Code		
Emerald Isle	NC	28594		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed		Occupation Environmental & Homeland Security Cons		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			1000.00	
<b>TOTAL</b> This Period (last page this line number only).....				



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 24

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**THIGPEN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Burt Harris</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2013	
Mailing Address 316 Alta Ave		<b>Transaction ID : SA11AI.4388</b>	
City Santa Monica	State CA	Zip Code 90402	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Harriscope	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Brenda Thigpen</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address 151 Pamlico Drive		<b>Transaction ID : SA11AI.4523</b>	
City Holly Ridge	State NC	Zip Code 28445	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hanover Excess Insurance	Occupation Adjuster		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 595.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Jason Ray Thigpen</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2013	
Mailing Address 151 Pamlico Drive		<b>Transaction ID : SA11AI.4522</b>	
City Holly Ridge	State NC	Zip Code 28445	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C H4NC03042			
Name of Employer None	Occupation N/A		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13100.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1325.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

THIGPEN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jason Ray Thigpen

Mailing Address 151 Pamlico Drive

City

Holly Ridge

State

NC

Zip Code

28445

FEC ID number of contributing  
federal political committee.

C H4NC03042

Name of Employer  
NoneOccupation  
N/A

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

13850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2013

Transaction ID : SA11Al.4532

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

4725.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Best Western**

Mailing Address 2480 South Glebe Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2013

City	State	Zip Code
Arlington	VA	22206

Amount of Each Disbursement this Period

212.55
--------

Purpose of Disbursement  
LodgingCategory/  
Type**Transaction ID : SB17.4618**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**B. DRI Printing**

Mailing Address 290 7th

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
San Francisco	CA	94102

Amount of Each Disbursement this Period

224.53
--------

Purpose of Disbursement  
PrintingCategory/  
Type**Transaction ID : SB17.4586**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

**C. Exxon**

Mailing Address 815 Pine Grove Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2013

City	State	Zip Code
Wilmington	NC	28409

Amount of Each Disbursement this Period

25.03
-------

Purpose of Disbursement  
Auto TravelCategory/  
Type**Transaction ID : SB17.4590**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

462.11

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Exxon**

Mailing Address 815 Pine Grove Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

City	State	Zip Code
Wilmington	NC	28409

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

73.77
-------

Transaction ID : SB17.4602

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Exxon**

Mailing Address 815 Pine Grove Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
Wilmington	NC	28409

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

9.60
------

Transaction ID : SB17.4614

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Exxon**

Mailing Address 815 Pine Grove Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
Wilmington	NC	28409

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

39.17
-------

Transaction ID : SB17.4631

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

73.77

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 24

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Exxon**

Mailing Address 815 Pine Grove Drive

City State Zip Code  
Wilmington NC 28409

Purpose of Disbursement  
Auto Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 12 / 2013

Amount of Each Disbursement this Period

63.06

Transaction ID : SB17.4636

Category/  
Type

## **B. Exxon**

Full Name (Last, First, Middle Initial)

Mailing Address 815 Pine Grove Drive

City State Zip Code  
Wilmington NC 28409

Purpose of Disbursement  
Auto Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2013

Amount of Each Disbursement this Period

45.57

Transaction ID : SB17.4642

Category/  
Type

## **C. Exxon**

Full Name (Last, First, Middle Initial)

Mailing Address 815 Pine Grove Drive

City State Zip Code  
Wilmington NC 28409

Purpose of Disbursement  
Auto Travel

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2013

Amount of Each Disbursement this Period

25.04

Transaction ID : SB17.4658

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

133.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Exxon**

Mailing Address 815 Pine Grove Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2013

City	State	Zip Code
Wilmington	NC	28409

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

30.05
-------

Transaction ID : SB17.4651

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. GoGas Corporation**

Mailing Address 3301 Burnt Mill Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

City	State	Zip Code
Wilmington	NC	27403

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : SB17.4662

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. GoGas Corporation**

Mailing Address 3301 Burnt Mill Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

City	State	Zip Code
Wilmington	NC	27403

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

59.75
-------

Transaction ID : SB17.4605

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

139.80

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Kangaroo**

Mailing Address 2028 Oleander Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2013

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Auto Travel

Amount of Each Disbursement this Period

559.76
--------

Transaction ID : SB17.4628

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Piryx**Mailing Address 144 2nd Street  
1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement  
Credit Card Fees

Amount of Each Disbursement this Period

28.75
-------

Transaction ID : SB17.4653

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. R&C Properties**

Mailing Address 5006 Randall Parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2013

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Rent

Amount of Each Disbursement this Period

496.00
--------

Transaction ID : SB17.4648

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

559.76

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 24

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Staples**

Mailing Address 322 S College Rd

City State Zip Code  
Wilmington NC 28403

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 26 / 2013

Amount of Each Disbursement this Period

94.46

Transaction ID : SB17.4650

## **B. Sustainable Impact**

Mailing Address P.O Box 1723

City State Zip Code  
Hampton VA 23669

Purpose of Disbursement  
Consulting/Fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 16 / 2013

Amount of Each Disbursement this Period

790.00

Transaction ID : SB17.4638

## **c. Sustainable Impact**

Mailing Address P.O Box 1723

City State Zip Code  
Hampton VA 23669

Purpose of Disbursement  
Consulting.Fundraising

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 20 / 2013

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4640

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2134.46



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

☒ 17    ☐ 18    ☐ 19a    ☐ 19b  
☐ 20a    ☐ 20b    ☐ 20c    ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Chris Thigpen**

Mailing Address 626 East Southerland St.

City Wallace State NC Zip Code 28466

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 01 / 2013

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4574

Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Jason Ray Thigpen**

Mailing Address 151 Pamlico Drive

City Holly Ridge State NC Zip Code 28445

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NC

District: 03

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 23 / 2013

Amount of Each Disbursement this Period

140.00

Transaction ID : SB17.4645

Category/  
Type

Full Name (Last, First, Middle Initial)

## **c. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City Wilmington State NC Zip Code 28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
10 / 31 / 2013

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.4573

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

454.00

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 24

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City State Zip Code  
Wilmington NC 28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 05 / 2013

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.4577

## **B. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City State Zip Code  
Wilmington NC 28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 29 / 2013

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.4604

## **c. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City State Zip Code  
Wilmington NC 28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 06 / 2013

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.4629

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

119.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

12.00
-------

Transaction ID : SB17.4634

**B. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2013

Amount of Each Disbursement this Period

199.00
--------

Transaction ID : SB17.4635

**C. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2013

Amount of Each Disbursement this Period

97.00
-------

Transaction ID : SB17.4637

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

308.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

Amount of Each Disbursement this Period

35.00
-------

Transaction ID : SB17.4641

**B. Wells Fargo**

Mailing Address 3750 Oleander Drive3750 Oleander D

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

Amount of Each Disbursement this Period

3.00
------

Transaction ID : SB17.4644

**C. Wilco Hess**

Mailing Address 5701 Oleander Drive

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Auto Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2013

Amount of Each Disbursement this Period

25.01
-------

Transaction ID : SB17.4595

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

63.01

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 24

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THIGPEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Wilco Hess**

Mailing Address 5701 Oleander Drive

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Auto Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

Amount of Each Disbursement this Period

28.07
-------

Transaction ID : SB17.4598

**B. Wilco Hess**

Mailing Address 5701 Oleander Drive

City	State	Zip Code
Wilmington	NC	28403

Purpose of Disbursement  
Auto Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

15.05
-------

Transaction ID : SB17.4608

**C.**

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

43.12
-------

4490.70
---------

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 22 OF 24

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4247

THIGPEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Jason Ray Thigpen

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

151 Pamlico Drive

City

State

ZIP Code

Holly Ridge

NC

28445

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
03 / 14 / 2013

Date Due

M M / D D / Y Y Y Y  
03/14/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)  
Jason Ray ThigpenName of Employer  
NoneMailing Address  
151 Pamlico DriveOccupation  
N/ACity State ZIP Code  
Holly Ridge NC 28445Amount  
Guaranteed Outstanding: 500.00  
Transaction ID : SC/10.4247.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 23 OF 24

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4334

THIGPEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Jason Ray Thigpen

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

151 Pamlico Drive

City

State

ZIP Code

Holly Ridge

NC

28445

Original Amount of Loan

3800.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3800.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
05 / 13 / 2013

Date Due

M M / D D / Y Y Y Y  
/ 5/13/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Jason Ray Thigpen

Name of Employer

None

Mailing Address

151 Pamlico Drive

Occupation

N/A

City

State

ZIP Code

Holly Ridge

NC

28445

Amount

Guaranteed  
Outstanding:

3800.00

Transaction ID : SC/10.4334.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3800.00

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 24 OF 24

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4327

THIGPEN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

Jason Ray Thigpen

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

151 Pamlico Drive

City

State

ZIP Code

Holly Ridge

NC

28445

Original Amount of Loan

1300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1300.00

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
07 / 18 / 2013

Date Due

M M / D D / Y Y Y Y  
/ 7/18/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1300.00

**TOTALS** This Period (last page in this line only)..... ►

5600.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.